Fill in this informat Debtor 1	ion to identify your case:  Troy S. Kane	
Debtor 2 (Spouse, if filing)		_
United States Ban	kruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number	16-12176	Check if this is:
(If known)		An amended filing
Official Ea	rm 1061	A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	<u>IIII 1001</u>	MM / DD/ YYYY
Schedule	I: Your Income	12/1

15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse		
If you have more than one job,		■ Employed	■ Employed		
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed		
employers.	Occupation	Driver	Collections		
Include part-time, seasonal, or self-employed work.	Employer's name	Weinerman Pain & Wellness	PHH Mortgage Corporation		
Occupation may include student or homemaker, if it applies.	Employer's address	Land Title Building 100 S. Broad Street Suite 1800 Philadelphia, PA 19110	1 Mortgage Way Mount Laurel, NJ 08054		
	How long employed ti	here? 3 Years	4 Years		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 3,342.75 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 3,342.75

Schedule I: Your Income Official Form 106I page 1

Deb	otor 1	Troy S. Kane	_	Case	e number (if known)	16-121	76	
				Fo	r Debtor 1		ebtor 2 or ling spouse	
	Сор	y line 4 here	4.	\$	0.00	\$	3,342.75	
_				_				
5.		all payroll deductions:	<b>5</b> -	Φ.		Φ.		
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a. 5b.	\$_ \$	0.00	\$	653.55 0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$-	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$-	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	0.00	\$	509.79	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify: Health Savings Account	5h.+		0.00	+ \$	50.00	
		Raise the Bar		\$_	0.00	\$	12.50	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	1,225.84	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	2,116.91	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	90	¢	2 704 24	¢	0.00	
	8b.	Interest and dividends	8a. 8b.	\$_ \$	3,704.21 0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		Ψ_	0.00	Ψ	0.00	
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify: Tax Refund	8h.+	\$	42.58	+ \$	464.66	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,746.79	\$	464.66	
10	Cale	culate monthly income. Add line 7 + line 9.	10. \$		3,746.79 + \$	2,58	1.57 = \$	6,328.36
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		3,740.79	2,30	1.57 - Ψ	0,320.30
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	depen				nedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The res e that amount on the Summary of Schedules and Statistical Summary of Certainies					12. \$	6,328.36
12	Do:	you expect an increase or decrease within the year often you file this form:	2				Combin	ed income
13.		you expect an increase or decrease within the year after you file this form' No. Yes. Explain:	•					

Official Form 106l Schedule I: Your Income page 2